

FORM FOR REQUEST OF ADMISSION OF NON-CATHOLIC STUDENTS

Name of Student		Grade	Date of Birth
Name of Father:			
Address (include Township, Con	cession, if applicable): _		
Name of Mother:			
Address (include Township, Con	cession, if applicable): _		
Telephone: Home	Mother (w)		Father (w)
Name of previous school:			_ Telephone:
* Please attach this form to your	completed school regis	tration form.	
PARENTAL REQUEST			
I,		, hereby	request permission to register my
child at (name of school)			, for the school year or
from to			
have my child participate in Religious and Family Life Ed	and receive the religious ducation and all aspects of twated primarily by the garding School Council Behavioural	is instruction of the liturgi e desire for an s	n education within a Catholic environmen
Parent Signature:			Date:
Student Signature:Principal Signature:			Date: Date:
	SUPERINTENDEN	T APPROVA	
Approval is hereby granted for the	he admission of the abo	ve-named pu	pil in our system.
Superintendent Signature:			Date:
N.B. The child may be admitted	l on or after the first da vailable, but should not	y of school in be enrolled	n September, once it has been in the classroom register until the

Admission of Students – B8:1 September 2001

Original filed in Ontario Student Record (OSR) Copy: Parent and Superintendent of School